

CEQA TRAINING 2000 Registration Form

To: Melissa Parker

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Address: CIWMB

8800 Cal Center Drive, MS-29

Sacramento, CA 95826

Host Jurisdiction(s): _____

LEA Contact Person: _____ Phone Number _____

Training Dates: (See calendar for available dates)

Preferred _____ Alternate 1 _____ Alternate 2 _____

Room Information: Location _____ Occupancy _____

Selected Topics for Training:

Place a check up to **5 topics** that all attendees agree should be included in the training

- | | |
|---|--|
| <input type="checkbox"/> Purpose of CEQA | <input type="checkbox"/> Permit Consistency with CEQA Document |
| <input type="checkbox"/> Project Description | <input type="checkbox"/> Need for additional CEQA Review? |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Addenda and Supplemental Documents |
| <input type="checkbox"/> Exemption Process | <input type="checkbox"/> Top 10 Process Problems |
| <input type="checkbox"/> Initial Study | <input type="checkbox"/> CEQA- The CIWMB's View |
| <input type="checkbox"/> Negative Declaration Process | <input type="checkbox"/> Lead and Responsible Agencies |
| <input type="checkbox"/> Mitigated Neg. Dec. Process | <input type="checkbox"/> The Constantly Changing Project |
| <input type="checkbox"/> Environmental Impact Report Process | <input type="checkbox"/> Recent CEQA Cases and Legislation |
| <input type="checkbox"/> Mitigation Monitoring and Reporting Plan | |

Attendees:

	Name	Jurisdiction/Title	Phone	E-mail Address
1				
2				
3				
4				
5				
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7				
8				
9				
10				
11				
12				
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